2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000083774 1. Entity Name

EMPIRE FENCE OF ORLANDO, INC. EMPIRE HOLDINGS OF OFLANDO, INC.

Principal Place of Business

4477 CLARCONA-OCOEE RD ORLANDO FL 32810

SIGNATURE: _

4477 CLARCONA-OCOEE RD ORLANDO FL 32810-4103

3. Mailing Address. 4035 Gilder Rose Pl. 2. Principal Place of Business 6001 Cjuderlane Parkwan Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3535147 Park, Florida Orlando Winter Not Applicable \$8.75 Additional Certificate of Status Desired 323 10 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, DEBORAH M Street Address (P.O. Box Number is Not Acceptable) 4035 GILDER ROSE PL WINTER PARK FL 32792 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Change ☐ Addition TITLE Delete TITLE MARTIN, JAMES R NAME NAME **4035 GILDER RODE PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32810 ☐ Addition ☐ Delete TITLE Change TITLE MARTIN, DEBORAH M NAMÉ NAME **4035 GILDER ROSE PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32810 CITY-ST-7IP ☐ Addition ☐ Delete TITLE LABONTE, KENNETH F NAME NAME **4035 GILDER ROSE PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32810 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME W. . . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED

Secretary of State

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Mar 08, 2000 8:00 am